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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	





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2019 MAR 18 P & 60

STUPETION OF STATE
ALL CALASSET FLORIDA

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COVER LETTER

TO: Registration Se Division of Cor			
	RAL THERAPY SOLUTION	S LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GISELLE DEL AMO		
	7/11/12/11/0 (7/12/20)	Name of Person	
	ZUMPANO CASTRO, LI	JC	
	500 S DIXIE HIGHWAY,	Finn/Company SUITE 302	
	CORAL GABLES, FL 33	Address	
	GISELLE.ORTIZDELAMO	City/State and Zip Code O@ZUMPANOCASTRO.COM	
		to be used for future annual report notif	fication)
For further information co	oncerning this matter, please c	all:	
GISELLE DEL AMO		305 5032990 at ()	
Name of	l'Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	c following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BEHAVIORAL THERAPY SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our recognity MAR 18 P # 10

The Articles of Organization for this Limited Liab	ility Company were filed on 2/26/2019	SECRETARY and Ssigned
Florida document number L19000055369		THE THIRD CLEFT EGRIDA
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET)	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
muning unavess may be a rost of rich bo	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
registered office reducess.	Enter Florida street	address
		Florida
-	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KYRA H. GONZALEZ	1880 N. CONGRESS AVE.	
		BOYNTON BEACH, FL 33426	
			Remove
		<u> </u>	Change
			Add
			Remove
			Change
			Remove
		□ Change	
			
			□ Remove
			Change
		□ Remove	
			☐ Change
			□ Add
			□ Remove
			☐ Change

· · · · · · · · · · · · · · · · · · ·	formation, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
	
	
an effective date is listed, the di Note: If the date inserted in	an the date of filing:
e record specifies a de The 90th day after th	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e record is filed.
, MARCH 6	2019
eated	. 2019
	Signature of a member or authorized representative of a member
DAVID GONZAI	/ LEZ

Page 3 of 3

Filing Fee: \$25.00